Image# 26970117960

FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	'	(See instruction	_		
1. NAME OF COMMITTEE (ir	full)	(Check if name is changed)	Example: If typying, type over the lines	Office use only 12FE4M5	
Sharp Pencil	PAC				1
		Towerview Road			
ADDRESS (number and	d street)				
(Check if add is changed)	ress Hern	don 		VA 20171 - 1	
			CITY▲	STATE▲ ZIP CODE ▲	
COMMITTEE'S E-MA	AIL ADDRESS				
					Щ.
COMMITTEE'S WEE	PAGE ADDRESS (U	<u> </u>			
		<u> </u>			
	<u> </u>		1111111		لب
COMMITTEE'S FAX 703-467-9342	NUMBER				
2. DATE 0 .	M / D D / Y	2006			
3. FEC IDENTIFIC	ATION NUMBER	C	C C00402784		
4. IS THIS STATE	MENT X NEV	V (N) OR	AMENDED (A)		
I certify that I have exan	nined this Statement and	to the best of my know	vledge and belief it is true, correc	at and complete	
Type or Print Name o	f Treasurer	D. Todd Meredith			
Signature of Treasure	_{er} El <u>e</u> ctronically File	d by D. Todd Mo	eredith	Date 03 / 14 / Y 20	0 6
NOTE: Submission of fa			subject the person signing this SION SHOULD BE REPORTE	Statement to the penalties of 2 U.S.C. S437g. ED WITHIN 10 DAYS	
Office Use Only			For further informati Federal Election Com Toll Free 800-424-95 Local 202-694-1100	mission FEC FORM 1	

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5.	TYPE OF COMMITTEE (Check One)				
	(a) This committee is a principal campaign committee. (Complete the candidate information below.) (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the	candidate			
information below.)					
	Name of Candidate				
	Candidate Party Affiliation Office Sought: House Senate President	State District			
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.				
	Name of Candidate				
	(d) This committee is a (National, State (I R	Democratic, epublican,etc.) Party.			
	(e) This committee is a separate segregated fund				
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated f committee.	und or party			
6.	Name of Any Connected Organization or Affiliated Committee				
1	NONE	.			
•	Mailing Address	.			
		[-] [
	CITY▲ STATE ▲	ZIP CODE 🛦			
	Relationship				
	Type of Connected Organization:				
	Corporation Corporation w/o Capital Stock Labor Organiza	ition			
	Membership Organization Trade Association Cooperative				

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Write or Type Committee Name								
Sharp Pencil PAC								
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Full Name	Full Name D. Todd Meredith							
Mailing Address	2875 Towerview Road, Suite 1000							
	Herndon		20171					
Title or Position ▼	CITY A	STATE	ZIP CODE A					
Treasure	r	Telephone number						
Full Name of Treasurer Mailing Address	dd Meredith 2875 Towerview Road	d, Suite 1000						
	Herndon		20171					
Title or Position ♥	CITY A	STATE▲	ZIP CODE A					
Treasure	r	Telephone number	467 9341					
Full Name of Designated Agent								
Mailing Address								
Title or Position ♥	CITY A		ZIP CODE A					
		Telephone number						

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9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds. Name of Bank, Depository, etc.				
	Mailing Address	B B & T 13821 Lee Jackson Hwy.	 		
		Chantilly VA 2	20151		

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷